



Corres. and Mail  
**BOX AF**

REPLY UNDER 37 C.F.R. § 1.116 – EXPEDITED PROCEDURE  
EXAMINING GROUP 1646

IMRGE AF  
1646

VIA HAND DELIVERY APRIL 19, 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **COLEMAN et al.**

Application No.: 08/972,301

Art Unit: 1646

Filed: November 18, 1997

Examiner: Kemmerer, E.

For: **Endothelial Monocyte Activating  
Polypeptide III**

Attorney Docket No.: PF206D1

**RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.116**

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action mailed February 18, 2004, Applicants respectfully request entry and consideration of the following remarks. A Fee Transmittal Sheet is submitted concurrently herewith. Applicants note that the instant response is being timely filed within two months of the mailing date of the final rejection under MPEP § 714.13, as April 18, 2004 was a Sunday. *See* 35 U.S.C. § 21.

Please amend that application as follows:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)
**Complete if Known**

Application Number	08/972,301
Filing Date	November 18, 1997
First Named Inventor	Timothy A. Coleman
Examiner Name	E. Kemmerer
Art Unit	1646
Attorney Docket No.	PF206D1

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money Order  Other  None

 Deposit Account:

 Deposit Account Number **08-3425**

 Deposit Account Name **Human Genome Sciences, Inc.**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEES CALCULATION (continued)****3. ADDITIONAL FEES****Large Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

**SUBTOTAL (1) (\$ 0.00)**
**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	19	-70** = <input type="text"/> x <input type="text"/> =	0.00
Independent Claims	4	-8** = <input type="text"/> x <input type="text"/> =	0.00
Multiple Dependent			

**Large Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

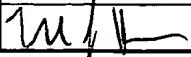
**SUBTOTAL (2) (\$ 0.00)**

\*\* or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 0.00)**
**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789	Telephone	(240) 314-1224
Signature				Date	April 19, 2004

